									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003										03-BS049 (BS030571)					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	EI	NTITY	OR	OTHER SMALL			
T	TAL CLAIMS		72					RAT	E	FEE	]	RATE	FEE ·		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			22 minus 20=		• 2			X\$ 9	=		OR	XS18=	36		
	EPENDENT CI		3 minus 3 =		<u> </u>			X43=			OR	X86=			
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	÷290=			
* If the difference in column 1 is less than zero, enter "0" in colu							,	TOTA	L		OR	TOTAL	806		
CLAIMS AS AMENDED - PART II											•	OTHER			
(Column 1) (Column 2) (C								SMAL	.L. E	NTITY	OR	SMALL			
AMENOMENT A	5-2-06	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 12	Minus	-2	2	=		XS 9=	=		OR	X\$18=			
ME	independent	. 2	Minus	3	3	=	-	X43=			OR	X86=			
	FIRST PRESE	NTATION OF MI	LTIPLE DEPENDENT		CLAIM	IM		+145=	_		OR	+290=			
									AL			TOTAL			
		,	ADDIT. FI	EE L	,		ADDIT. FEE								
AMENDMENT B		(Column 1) CLAIMS REMAINING	CLAIMS HIĞ		EST		ÌΓ		T	ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**				X\$ 9=			OR	X\$18=			
	Inaependent	*	Minus	***		*		X43=			OR	X86=			
	FIRST PRESE	NTATION OF MU	ENDENT	NDENT CLAIM			+145=			OR	+290=				
		L	TOT/		<u> </u>		TOTAL	•							
		A	DDIT. FE	EL		OR	ADDIT. FEE								
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										4001	•		4004		
ENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	•	Minus	** .		=		X\$ 9=	1		OR	X\$18=			
	Independent	•	Minus	, *** ,	•	=		X43=	1		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†			.200-			
• t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL			
t	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	A	TOTA DDIT. FE			OR ,	ODIT. FEE			
		ber Previously Paid					r four	nd in the a	appr	ropriate box	in col	JMA 1.			